

AMENDED ANNUAL REPORT

E-FILED
Oct 25, 2011

Corporation Division

www.filinginoregon.com

OREGON SECRETARY OF STATE

REGISTRY NUMBER	9118415
REGISTRATION DATE	11/04/1970
BUSINESS NAME	LEGACY HEALTH
BUSINESS ACTIVITY	HEALTHCARE SERVICES.
MAILING ADDRESS	ATTN: CAMPBELL GRONER 1919 NW LOVEJOY PORTLAND OR 97209 USA
TYPE	DOMESTIC NONPROFIT CORPORATION
PRIMARY PLACE OF BUSINESS	1919 NW LOVEJOY ST LEGAL SERVICES DEPT., CAMPBELL GRONER PORTLAND OR 97209 USA
JURISDICTION	OREGON
REGISTERED AGENT	P.CAMPBELL GRONER III 1919 NW LOVEJOY PORTLAND OR 97209 USA
PRESIDENT	GEORGE BROWN 1919 NW LOVEJOY ST PORTLAND OR 97209 USA
SECRETARY	P CAMPBELL GRONER III 1919 NW LOVEJOY ST PORTLAND OR 97209 USA

SIGNER

CAMPBELL GRONER

By my signature, I declare as an authorized authority, that this filing has been examined by me and is, to the best of my knowledge and belief, true, correct, and complete. Making false statements in this document is against the law and may be penalized by fines, imprisonment, or both.

By typing my name in the electronic signature field, I am agreeing to conduct business electronically with the State of Oregon. I understand that transactions and/or signatures in records may not be denied legal effect solely because they are conducted, executed, or prepared in electronic form and that if a law requires a record or signature to be in writing, an electronic record or signature satisfies that requirement.

ELECTRONIC SIGNATURE REBECCA ANN MILLER - POWER OF ATTORNEY

TITLE OFFICER

DATE SIGNED 2011-10-25